PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office, U.S DEPARTMENT OF COMMERCE

**M**ease type a plus sign (+) inside this box ightarrow

## **UTILITY** PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.		PC10325AAKM				
First Name	d Inventor or Applic	ation Identifier	Michael G. Wyllie			
Title	Pharmaceutical	Pharmaceutical Combinations				
Express Mail Label No.		FI 709320	FI 70932051911S			

(Oni	ror new r	ionprovisional appli	ications under 37C F.R. §1 53(b)	)) LXpress	IVICIII	Laber No.		L/09320519	105	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents					ADDRES	ant Commissioner for Patent tent Application	s			
1. 2.		*Fee Transm. Submit an original, Specification (preferred arra - Descriptive - Cross Refe - Statement	ittal Form (e.g., PTO/SB I, and a duplicate for fee proce [Total Page angement set forth below e title of the Invention erences to Related Appl Regarding Fed sponsor	9/17) essing) es 21  y)		7. Nucleotic	de and/or able, all ne	Computer Pro Amino Acid S ecessary) aputer Reada	egton, DC 20231  rigram (Appendix)  Sequence Submission  able Copy  ntical to computer copy)	09/778290
	The entropy of consider	- Backgroun - Brief Sumr - Brief Desc: - Detailed Dr - Claim(s) - Abstract of  Drawing(s) (35  Oath or Declar  a. Newly b. Copy f §1.63(  (for con  i. [  Signed invent see 37  Incorporation tire disclosure if the oath or deered to be part	f the Disclosure  5 U.S.C. 11.3)[Total sheet ration [Total page of executed (original or conform a prior application (	ets 2  Dpy)  37 CFR  x 17 completed)  owl  ENTOR(S)  eleting application, id 1.33(b).  Box 4b is checked) from which a fer Box 4b, is accompanying	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. As	signment C F.R. §3.7 hen there glish Tran ormation I atement (II eliminary A turn Rece nould be s mall Entity atement(s) FO/SB/09- rtified Cop	Papers (covers) Statemers an assigners slation Docure DS)/PTO-144 Amendment ipt Postcard pecifically ite	ment (if applicable)  Copies of IDS Citations  (MPEP 503) Emized) Catement filed in prior applicatus still proper and desired	orney
	741				IF	EES, A SMALL EN ONE FILED IN A F	TITY STATE PRIOR APPL	MENT IS REQUI ICATION IS REL	TITLED TO PAY SMALL ENTITY RED (37 C.F.R. § 1.27), EXCEPT JED UPON (37 C.F.R. § 1.28).	
17.	17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  Continuation Divisional Continuation-in-part (CIP) of prior application No:/  Prior application information: Examiner Group/Art Unit:									
18. CORRESPONDENCE ADDRESS										
Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  or  Correspondence address below										
Nam	Name Gregg C. Benson									
	Address Pfizer Inc.									
Address Patent Department, MS 4159, Eastern Point Road										
014		State		СТ	7:-		nde 06340			
•		United States	s Of America	elephone				Zip Code	06340	
		(Print/type)	Arlene K Musser /			1-(860)-441-4901		(A	1-(860)-441-5221	
Sind III the		Musser	Registration No.		Date -		37,895	-		
										1

PTO/SB/17(2/98)
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	Complete if Known							
FEE TRANSMITTAL	Application Number				Not yet assigned			
	Filing Date				Herewith			
Patent fees are subject to annual revision on October 1 These are the fees effective October 1,. 2000	First Named Inventor				Michael G. Wylie			
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12	Examir	ner Nam	е		Not yet assigned			
See 37 C.F.R §§ 1.27 and 1.28.	Group/	Art Unit		_	Not yet assigned			
Total Amount of Payment (\$)1132.00	Attorne	y Docke	t No.		PC10325AAKM			
METHOD OF PAYMENT (check one)				FEE CA	LCULATION (continue	d)		
1. The commissioner is hereby authorized to charge	3. ADDIT		EES					
indicated fees and credit any over payments to:	Large E	Entity Fee	Small Fee	Entity				
Account Number	Code	(\$)	Code	Fee (\$)	Fee Descripti	on	Fee Paid	
Deposit Account Name Pfizer Inc	105	130	205	65	Surcharge – late fee o	r oath		
Charge Any Additional Charge the Issue Fee Set in 37 Fee Required Under 37 C.F.R. § 1.1.8 at the Mailing	127	50	227	25	Surcharge-late provise cover sheet	onal filing fee or		
37 Fee Required Under 37 C.F.R. § 1 1.8 at the Mailing C.F.R. §§ 1.1.6 and 1.17 of the Notice of Allowance	139	130	139	130	Non-English specificati	ion		
	147	2,520	147	2,520	For filing a request for	reexamination		
2. Payment Enclosed:	112	920*	112	920*	Requesting publication	of SIR prior to		
☐ Check ☐ Money Order ☐ Other	113	1,840*	113	1,840*	Examiner action Requesting publication Examiner action			
FEE CALCULATION	115	110	215	55	Extension for reply with	nın first month		
1. BASIC FILING FEE	116	390	216	195	Extension for reply with month	nin second		
Targe Entity Small Entity	117	890	217	445	Extension for reply with	in third month		
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	118	1,390	218	695	Extension for reply with	in fourth month		
710 710 201 355 Utility filing fee 710.00	128	1,890	228	945	Extension for reply with	in fifth month		
=106 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal			
707 490 207 245 Plant filing fee	120	310	220	155	Filing a brief in support	of an appeal		
710 208 355 Reissue filing fee	121	270	221	135	Request for oral hearing	g		
	138	1,510	138		Petition to institute a pur proceeding	blic use		
SUBTOTAL (1) (\$) 710.00	140	110	240	55	Petition to revive - unavoidable			
2. EXTRA CLAIM FEES	141	1,240	241	620	Petition to revive - unintentional			
Extra Fee from Claims below Fee Paid	142	1,240	242	620	Utility issue fee (or reiss	sue)		
Total Claims 39 -20**= 19 X 18 = 342.00	143	440	243	220	Design issue fee			
Independent 4 - 3**= 1 X 80 = 80.00	144	600	244	300	Plant issue fee			
Multiple Dependent = 422 00		130	122	130	Petitions to the Commissioner			
** or number previously paid, if greater; For Reissues, see below  Large Entity Small Entity	123	50	123		Petitions related to provapplications	risional		
Fee Fee Fee Fee Description Code (\$) Code (\$)	126	240	126	240	Submission of Information Statement	on Disclosure		
103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent a	assignment per		
102 80 202 40 Independent claims in excess of 3	146	710	246	355	property (times number Filing a submission after	or properties) r final rejection		
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355 I	(37 CFR 1.129(a)) For each additional invention to be examined (37 CFR 1.129(b))			
109 80 209 40 **Reissue independent claims over original patent		Other Fee (specify)			(0) (1) (1) (2) (0)			
110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other Fee (specify)			-				
SUBMITTED BY	*Reduced	by Basic	Filing Fee	Paid	SUBTOTAL (	(3) (\$)	0.00	
SUBMITTED BY  Type or Printed Name   Ariene-K. Musser / -					Complete (if Applicable)			
		<del> </del>			Reg Number Deposit Account	37,895		
Signature Whene & Musser	Date/7/01				User ID	16-1445		